

Exhibit 1

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FORENSIC PATHOLOGY
LEGAL MEDICINE

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November 15, 2012

Dennis E. Boyle, Esquire
BOYLE AUTRY & MURPHY
5660 Trindle Road – Suite 200
Camp Hill, PA 17011

Re: Troy Robert L. Hooftallen, Deceased

Dear Mr. Boyle:

Pursuant to your request, I have reviewed all the records and materials provided to me in the death of Mr. Hooftallen.

CLINICAL SUMMARY

On October 18, 2010, while at his girlfriend's (Kim Hall) home, 36 year old Mr. Troy Robert Hooftallen called his family and told them that he was going to commit suicide. He was reported to be behaving erratically and depressed over his inflammatory bowel disorder (reported to be Crohn's Disease or ulcerative colitis). A family member called 911 and advised the dispatcher that Mr. Hooftallen needed help because he had taken too many Mucinex DM pills.

The dispatcher was apparently advised that Mr. Hooftallen was 6'4", knew Tae Kwon Do, and would likely not agree to go to the hospital willingly. Pennsylvania State Police Troopers Battestilli and John Doe arrived. When the troopers entered the home, they found Mr. Hooftallen sitting at a sofa talking with his mother, Ms. Barbara Wingard. The State Police troopers tackled Mr. Hooftallen down into the sofa as he struggled with them.

His mother, girlfriend and a brother recounted the event. The two troopers tried to subdue the struggling Mr. Hooftallen on his back, neck and lower extremities. They tasered him up to 3 or 4 times on his back while restraining him without apparent success until it became evident that he had stopped breathing. Ms. Hall estimated that Trooper Doe was on her boyfriend's neck for

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about 10 minutes and on his back for about 5 minutes. The ambulance was called. They arrived approximately 10 minutes later. Mr. Hooftallen was handcuffed, shackled and placed on the floor. The troopers refused to remove the handcuffs when requested to do so by the paramedics.

CPR was started and he was transported to Punksutawney Hospital, where it was determined to transfer him to Allegheny General Hospital. It took an hour and 42 minutes to transport him to Pittsburgh as inclement weather prevented life flight.

The CT of the head showed severe cerebral edema and anoxic brain damage. He was pronounced dead at 5:47 PM on October 19, 2010.

The autopsy on Troy Hooftallen, October 21, 2010 #10CORO6862, included the following diagnoses:

I. Cardiac Pathology Consultation:

A. Atherosclerotic cardiovascular disease

1. Focal severe 70% narrowing of left anterior descending coronary artery

B. Dysplastic AV nodule artery, moderate

1. Focal acute myocardial ischemia, septal base
2. Dysplastic intra-myocardial artery, septal base

II. History of confrontation with law enforcement officers

- A. Physical altercation with 2 officers
- B. Taser employed 4 times (22 seconds total)
- C. Arms and legs restrained (shackled and cuffed)
- D. Forced into a prone position
- E. Officers positioned on decedent's upper back/neck and thigh regions
 1. Contusions of upper and lower back and the right posterior upper thigh
- F. Became unconscious and pulseless during the struggle

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- III. Clinical history of Mucinex abuse
 - A. Reportedly ingested an entire box prior to law enforcement confrontation
- IV. Neuropathology Consultation
 - A. Severe acute global hypoxic/ischemic encephalopathy
 - B. Cerebral edema with cerebellar tonsillar herniation
 - C. Partial pituitary gland infarction
- V. Status post C.O.R.E. procurement of corneas, heart and liver
- VI. Clinical history of Crohn's Disease
- VII. Postmortem toxicology positive for:
 - A. Dextrometorphan: 849 ng/ml in hospital blood, present in urine
 - B. Guaifenesin: 12 mcg/nl in hospital blood

Opinion:

Troy Hooftallen, a 36 year old white male, died as a result of atherosclerotic cardiovascular disease while being both physically and electrically (TASER) restrained during a physical confrontation with the Pennsylvania State Police. Positional asphyxia may have also played a role in his demise given witness accounts of the police officers pinning him to the ground in a prone position with their body weight on top of his upper back/neck and thighs.

The acute intoxication of both Dextromethorphan and Guaifenesin (both found in Mucinex DM) played a role in his demise, likely causing his acute state of agitation.

Manner of death: accidental

(Todd Luckasevic, D.O., Associate Medical Examiner and Karl E. Williams, MD, MPH, Allegheny Medical Examiner)

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James E. Edwards Registry of Cardiovascular Disease (St. Paul, Mn, Emily R. Duncanson, MD) examined the decedent's heart and rendered a consultation report on November 19, 2010.

Diagnoses:

- I. Focal 65-70% narrowing of left anterior descending coronary artery by atherosclerotic plaque. (440 grams, N= 230-458, 5'9", 88 kg = 278-484; heart=normal size). The left circumflex and right coronary arteries are free of significant narrowing by atherosclerotic disease.
- II. Conduction system study:
 - A. Dysplastic AV nodal artery, moderate
 - B. Normal AV node, His bundle, branching bundle and left and right bundle branches
 - C. Normal sinoatrial and SA nodal artery
 - D. Focal acute myocardial ischemia, septal base
(third and fourth slices, septum - 3S/4S – two sections from the ventricular septum have focal recent subendocardial interstitial hemorrhage in the left ventricular aspect.
 - E. Dysplastic intramyocardial arteries, septal base

Multiple injuries were documented in the autopsy report. The bridge of the nose showed an abrasion. Multiple (10) contusions were described in left anterior chest, mid upper and mid left lower and right lower back, right upper thigh and (2) TASER probe marks on the right lower lateral and right posterior upper back. There were (9) contusions on both lower extremities and (15 abrasions-contusions on both forearms and upper arms.

I have reviewed 6 slides labeled Allegheny County ME 10CORD 6862 1AK 2A to 2F
Hoofballen, Troy

- A. Kidney
- B. Right middle lung
- C. Right upper lung
- D. Left upper lung
- E. Right lower lung
- F. Left lower lung

The heart and the brain had been examined in consultation with a neuropathologist and a cardiac pathologist.

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UPMC Presbyterian Pathology Report (PHS10-39060) rendered a final diagnosis on December 16, 2010 –

Adult brain (1,695 grams)

Severe acute global hypoxic/ischemic encephalopathy

Cerebral edema with cerebellar tonsillar herniation

Partial pituitary gland infarction

The death certificate signed by Brenda Shumaker listed the cause of death as: Atherosclerotic Cardiovascular Disease, with other significant conditions listed as – “dextromethorphan Guaiaphesin intoxication and physical and electrical restraint.”

MEDICOLEGAL QUESTIONS

1. What was the exact cause and mechanism of death?

Asphyxia from physical restraint/chest compression was the most likely cause of death. The myocardial ischemia and cerebral hypoxic encephalopathy were both terminal events and consistent with the immediate although not the underlying cause of death.

2. What was the role of the multiple TASER applications in the death of this individual?

TASER applications appeared to have been directed to the back and may not have contributed any electrical shock to the heart. However, these multiple shocks would have produced physiological and emotional stress that would have added to that produced by the physical restraint and chest compression that ensued during the struggle with the troopers.

3. What was the validity of the diagnosis of atherosclerotic cardiovascular disease and the drug “overdose”?

Although the heart examination by a specialty cardiac pathologist detected left anterior descending coronary artery atherosclerosis and dysplastic coronary arteries, there were patent

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coronary arteries that would have provided adequate circulation in this young 36 old individual in the course of usual physical endeavors. The asphyxia from chest compression predisposed Mr. Hooftallen to the increased demands on the myocardium and led to subsequent cerebral edema as a result of hypoxia.

The stressful demands on his heart arising from the physical restraint and intense struggle ultimately resulted in the focal septal myocardial ischemia found at autopsy.

The large dose of dextromethorphan and guaifenesin may have been the etiology of Mr. Hooftallen's unusual and erratic behavior.

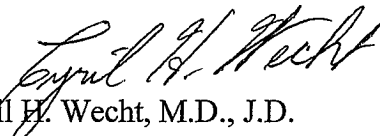
OPINION

Based upon my review of the autopsy findings, the microscopic slides, medical records, and the account of the events leading up to Mr. Troy Hooftallen's cardiac arrest, it is my professional opinion that he died due to asphyxia from chest compression that occurred during the physical restraint applied by the state troopers.

The compression asphyxia placed an additional physiological demand on a heart that was at increased risk for the onset of myocardial ischemia. Cerebral edema developed as a result of cerebral anoxia that occurred after Mr. Hooftallen went into cardiac arrest.

The TASER applications may not have played a direct role in the unfortunate death of this relatively healthy young adult. However, the multiple taserings would have contributed to the physiological and emotional stress that Mr. Hooftallen was experiencing as a result of the physical restraint and chest compression produced by the State Troopers.

Very truly yours,


Cyril H. Wecht, M.D., J.D.

CHW/srw

References

Dextromethorphan Hydrobromide, Guaifenesin Oral tablet

DEXTROMETHORPHAN; GUAIFENESIN (dex troe meth OR fan; gwey FEN e sin) is a cough suppressant, expectorant combination. It is used to provide relief from cough.

This combination medication is used to relieve coughs caused by the common cold, bronchitis, and other breathing illnesses. Guaifenesin belongs to a class of drugs known as expectorants. It works by thinning and loosening mucus in the airways, clearing congestion, and making breathing easier. Dextromethorphan belongs to a class of drugs known as cough suppressants. It acts on a part of the brain (cough center) to reduce the urge to cough.

If you are self-treating with this medication, it is important to read the package instructions carefully before you start using this product to be sure it is right for you. (See also Precautions section.)

Cough-and-cold products have not been shown to be safe or effective in children younger than 6 years. This product (sustained-release) is not recommended for use in children younger than 12 years unless specifically directed by the doctor. Ask your doctor or pharmacist for more details about using your product safely.

These products do not cure or shorten the length of the common cold and may cause serious side effects. To decrease the risk for serious side effects, carefully follow all dosage directions. Do not use this product to make a child sleepy. Do not give other cough-and-cold medication that might contain the same or similar ingredients (see also Drug Interactions section). Ask the doctor or pharmacist about other ways to relieve cough and cold symptoms (such as drinking enough fluids, using a humidifier or saline nose drops/spray).

The maximum daily adult dosage of both regular and extended-release guaifenesin is 2.4 grams. It is generally recommended that adults take between 200 and 400 milligrams (mg.) of regular guaifenesin, every four hours. While it is unlikely that you will overdose on guaifenesin, you can minimize your risk by taking only one guaifenesin-based medication at a time and by following package dosing instructions carefully, especially when giving this medicine to children.

PO 600 mg to 1.2 g every 12 h (max, 2.4 g/day).

Mucinex DM is a medication used to treat a cough and chest congestion. According to Drugs.com, it is a combination of guaifenesin and dextromethorphan. Dextromethorphan acts to suppress your cough and guaifenesin breaks up the congestion in your chest. Mucinex DM is available in liquid form and as an extended-release tablet. You should take this medication as your doctor instructs.

Drugs.com states that Mucinex DM's **serious side effects can include slow breathing, anxiety or restlessness. You may also experience nervousness, extreme dizziness, confusion and hallucinations. Go to the emergency room when you experience these symptoms**

You should avoid Mucinex DM if you are allergic to either dextromethorphan or guaifenesin. Drugs.com states that serious side effects may include difficulty breathing, hives and swelling of your face, lips and throat.

Mucinex DM can also slow your reactions and cause you to be drowsy. Avoid driving or taking part in activities that require you to be alert.

Drugs.com recommends that you not combine Mucinex DM with alcohol and such stimulants as caffeine, diet pills and medications that treat attention deficit hyperactivity disorder. This mixture can increase your risk of suffering from Mucinex DM's side effects.

Dextromethorphan and guaifensin are contained in many other cold and cough medications, says Drugs.com. Talk to your doctor or pharmacist about your medications to prevent a potential overdose.

Symptoms of a Mucinex DM overdose include nervousness and restlessness.

According to MedlinePlus, you should not take such medications as monoamine oxidase inhibitors (MAOIs), phenylzine and tranylcypromine. Other drugs to avoid include celecoxib, darifenacin and cinacalcet says Drugs.com. This combination can lead to serious drug interactions and result in dangerous side effects. Talk to your physician to find out if your current medications can interact with Mucinex DM.

Take this medication by mouth with or without food, as directed by your doctor, usually every 12 hours with a full glass of water. If you are self-treating, follow all directions on the product package. If you are uncertain about any of the information, ask your doctor or pharmacist.

Dosage is based on your age, medical condition, and response to treatment. Do not take more than 2 doses in 24 hours. Do not increase your dose or take this drug more often than directed. Do not crush or chew this medication. Doing so can release all of the drug at once, increasing the risk of side effects. Also, do not split the tablets unless they have a score line and your doctor or pharmacist tells you to do so. Swallow the whole or split tablet without crushing or chewing. Drink plenty of fluids while taking this medication. Fluids will help to break up mucus and clear congestion. Improper use of this medication (abuse) may result in serious harm (such as brain damage, seizure, death). Do not increase your dose, take it more frequently, or use it for a longer time than directed. Tell your doctor if your cough returns, or if it is accompanied by fever, severe sore throat, rash, persistent headache, or if it persists or worsens after 7 days. These may be signs of a serious medical problem. Seek immediate medical attention if you think you may have a serious medical problem.

Guaifenesin Overdose

Vomiting may occur as a result of an overdose with guaifenesin; however, the exact effects are unknown. Although an overdose is not expected to be serious, if guaifenesin is combined with other medications or alcohol, the results could be quite serious. This is why it is important to seek treatment right away, which may include IV fluids and monitoring the heart and lungs, among other things.

Effects of a Guaifenesin Overdose

Guaifenesin is not an especially toxic medication. Thus, it is unlikely to cause bothersome or serious side effects at normal dosages. Higher dosages, as might be seen in the case of a guaifenesin overdose, might cause vomiting.

Keep in mind that guaifenesin cough syrups may contain alcohol and, therefore, may lead to alcohol poisoning in the case of a severe overdose. Guaifenesin is also frequently marketed in combination products that contain other medications that may be more likely to cause serious problems if taken in large doses.

Treatment Options

Treatment for a guaifenesin overdose would likely involve supportive care. This consists of treating the symptoms that occur as a result of the overdose. For example, supportive treatment options for people who take too much guaifenesin may include:

- Fluids through an intravenous line (IV), if needed
- Closely monitoring the heart and lungs

- Other treatments based on complications that occur.

Guaifenesin INN (M) /gwaɪˈfɛnɪsɪn/) or **guaiphenesin** (former BAN), also **glyceryl guaiacolate**,^[2] is an expectorant drug sold over the counter and usually taken orally to assist the bringing up (expectoration) of phlegm from the airways in acute respiratory tract infections.

The principal use of guaifenesin is in the treatment of coughing, but the drug has numerous other uses, including medical, veterinary, and personal. In addition, it is also added to several products with ephedrine and pseudoephedrine to inhibit the methamphetamine manufacturing process.

Guaifenesin is thought to act as an expectorant by increasing the volume and reducing the viscosity of secretions in the trachea and bronchi. It also stimulates the flow of respiratory tract secretions, allowing ciliary movement to carry the loosened secretions upward toward the pharynx.^[6] Thus, it may increase the efficiency of the cough reflex and facilitate removal of the secretions; however, objective evidence for this is limited and conflicting

Guaifenesin is used to relieve chest congestion . Guaifenesin may help control symptoms but does not treat the cause of symptoms or speed recovery. Guaifenesin is in a class of medications called expectorants. It works by thinning the mucus in the air passages to make it easier to cough up the mucus and clear the airways.

Guaifenesin comes as a tablet, a capsule, an extended-release (long-acting) tablet, dissolving granules, and a syrup (liquid) to take by mouth. The tablets, capsules, dissolving granules, and syrup are usually taken with or without food every 4 hours as needed. The extended-release tablet is usually taken with or without food every 12 hours. Follow the directions on the package or on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand. Take guaifenesin exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor.

Guaifenesin comes alone and in combination with antihistamines, cough suppressants, and decongestants. Ask your doctor or pharmacist for advice on which product is best for your

symptoms. Check nonprescription cough and cold product labels carefully before using two or more products at the same time. These products may contain the same active ingredient(s) and taking them together could cause you to receive an overdose. This is especially important if you will be giving cough and cold medications to a child.

Nonprescription cough and cold combination products, including products that contain guaifenesin, can cause serious side effects or death in young children. Do not give these products to children younger than 4 years of age. If you give these products to children 4 to 11 years of age, use caution and follow the package directions carefully.

Before taking guaifenesin,

- tell your doctor and pharmacist if you are allergic to guaifenesin, any other medications, or any of the ingredients in the guaifenesin product you plan to take. Check the package label for a list of the ingredients.
- tell your doctor and pharmacist what prescription and nonprescription medications, vitamins, nutritional supplements, and herbal products you are taking or plan to take.
- tell your doctor if you smoke and if you have or have ever had a cough that occurs with a large amount of phlegm (mucus) or if you have or have ever had a breathing problem such as asthma, emphysema, or chronic bronchitis. If you will be taking the dissolving granules, tell your doctor if you are on a low magnesium diet or if you have kidney disease.
- tell your doctor if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while taking guaifenesin, call your doctor.
- if you have phenylketonuria (PKU, a inherited condition in which a special diet must be followed to prevent mental retardation), you should know that the dissolving granules may be sweetened with aspartame, a source of phenylalanine.

Guaifenesin may cause side effects. Tell your doctor if any of these symptoms are severe or do not go away:

- headache
- nausea
- vomiting

Guaifenesin may cause other side effects. Call your doctor if you have any unusual problems while you are taking this medication.

If you experience a serious side effect, you or your doctor may send a report to the Food and Drug Administration's (FDA) MedWatch Adverse Event Reporting program online [at <http://www.fda.gov/Safety/MedWatch>] or by phone [1-800-332-1088].